	CLAIMS ONLY			Application Number 16/735426		Filing Date	

A

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1						51							
2							52							
3							53							
4		3					54							
5		3					55							
6		3					56							
7		3					57							
8	1						58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	2						Total Indep							
Total Depend	22						Total Depend							
Total Claims	24						Total Claims							